



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/550,843
		Filing Date	March 24, 2004
		First Named Inventor	CALVEZ et al.
		Group Art Unit	Unknown
		Examiner Name	N/A
Total Number of Pages in This Submission		Attorney Docket Number	D-3214

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) - Signed Declaration, - Preliminary Amendment and - Copies of references listed on Form PTO-1449
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Frank J. Uxa		
Date	4/17/07	Reg. No.	25,612

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 571-273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: **Mail Stop Missing Parts**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Alicia Curran	Date	4/17/07

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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☒ Application claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 740.00

Complete if Known

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METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 21-0890 Deposit Account Name Frank J. Uxa

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) associated with this communication

☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	300
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
Subtotal (1)							300

2. EXCESS CLAIM FEES

Fee Description		Small Entity	
		Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100
Multiple Dependent Claims		360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
27	-20 or HP = 7	x 25	175
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	-3 or HP = 2	x 100	200
HP = highest number of independent claims paid for, if greater than 3			
Subtotal (2)			375

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50 =	(round up to a whole number)	x	=
Subtotal (3)				0

4. OTHER FEE(S)

- ☒ Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)
- ☐ Non-English Specification: \$130 fee (no small entity discount)
- ☐ 1-month extension of time: \$120 fee (\$60 small entity discount)
- ☐ 2-month extension of time: \$450 fee (\$225 small entity discount)
- ☐ 3-month extension of time: \$1020 fee (\$510 small entity discount)
- ☐ 4-month extension of time: \$1590 fee (\$795 small entity discount)
- ☐ 5-month extension of time: \$2160 fee (\$1080 small entity discount)
- ☐ Information Disclosure Statement Fee: \$180 fee (no small entity discount)
- ☐ Notice of Appeal: \$500 fee (\$250 small entity discount)
- ☐ Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)
- ☐ Request for Oral Hearing: \$1000 fee (\$500 small entity discount)
- ☐ Utility Issue Fee: \$1400 fee (\$700 small entity discount)
- ☐ Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)
- ☐ Request for Continued Examination: \$790 fee (\$395 small entity discount)
- ☐ Other: _____

Subtotal (4) 65

SUBMITTED BY

Name (Print/Type)	Frank J. Uxa	Registration No. (Attorney/Agent)	25,612	Telephone	949-450-1750
Signature				Date	4/17/07